Eastern Band of Cherokee Indians Medical Institutional Review Board

New Protoco	ol	I	For IRB Use:			
Date of Submission t	o IRB:		Meeting Date:			
Proposed Estimated	Start Date:	Estima	ted End Date:			
Protocol Title:						
Principal Investigato	r :					
Phone Number	Fax Number	Pager Number	E-mail Address			
Co-Investigators Name (and degree if a	pplicable)	Department, Section	n, Institution			
In addition to the principal investigator, copy all correspondence to: NAME						
Phone Number	Fax Number	Pager Number	E-mail Address			
Performance Site(s) :	Describe where the	proposed research study will	be conducted.			

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Effective:

Last Revised: 12/27/2021

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Abstract

 □ This study has not undergone scientific peer review prior to being submitted to the IRB This research study has undergone scientific peer review prior to submission to the IRB by: □ NIH (Specify the Institute, Center or Office): National Institute of General Medical Sciences □ CDC (Specify the Center, Division, or Office): □ IHS (Specify the Division or Office): □ Other (Specify):
Describe the prior scientific peer review process used:

Effective: page 2

Last Revised: 12/27/2021

Bi	ographical Sketch		
Provide the following informa	ation for principal investigator and each co-investigator.		
NAME	OT EXCEED FOUR PAGES. POSITION TITLE		
TOSHTON TITLE			
EDUCATION/TRAINING (Begin with baccalaureate or other	initial professional education, such as nursing, and include postdoctoral training.		
INSTITUTION AND LOCATION	DEGREE (if applicable) YEAR(s) FIELD OF STUDY		
Positions:			
Honors:			
	as (in chronological order)		
B. Selected peer-reviewed publication			
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C. Research Support.

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INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY	
A. Positions and Honors.				
Positions:				
Honors:				
B. Selected peer-reviewed publications	(in chronological	order).		
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DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY		
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